SENATE BILL 3220
By McNally

HOUSE BILL 3310

By Sargent

AN ACT to amend Tennessee Code Annotated, Title 4, Chapter 3, Part 18; Title 56; Title 63; Title 68 and Title 71, relative to health insurance.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, is amended by adding the following as a new, appropriately designated part:

56-7-__.

(a) For purposes of this part:

(1) "Applicant" means any individual submitting an application for federally mandated health insurance to a participating state through a state-based affordable insurance exchange;

(2) "Federally mandated health insurance" means any health insurance plan required to be available through a state-based affordable insurance exchange established under §§ 1311 or 1321 of the federal Affordable Care Act, codified in 42 U.S.C. §13031 or §18041;

(3) "Medicaid" means any TennCare program under Title XIX of the Social Security Act, codified in 42 U.S.C. § 1396 et seq. or any successor to the TennCare program administered pursuant to the federal medicaid laws; and

(4) "Participating state" means any state that participates or becomes a participant in a mandatory state-based affordable insurance exchange offering federally mandated health insurance.

(b) Pursuant to any federal regulations promulgated by the department of the treasury on or after the effective date of this act that require a participating

state to determine an applicant's eligibility for medicaid prior to determining an applicant's eligibility for federally mandated health insurance and federal premium tax credits, the commissioner of commerce and insurance is authorized to automatically approve any applicant for a plan under the exchange and thus, for advance federal tax credit payments, by projecting a level of household income for the taxable year that makes the applicant ineligible for medicaid; provided, however, that this state shall not reimburse the United States government for any erroneous payments made during any month in which such applicant is subsequently determined eligible for medicaid.

(c) The authority granted to the commissioner and to this state pursuant to this section shall expire on the date on which the United States government reimburses this state in full for any erroneous payments equal to no less than eighty-two million dollars ($82,000,000) that the United States government received from this state in connection with individuals erroneously approved for medicaid and subsequently determined eligible for medicare.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.